



State of Idaho
CERTIFICATE OF EXEMPTION
Immunization Provider

Child's Name _____ Child's Birth date _____

I _____, as the parent or guardian of _____,
Parent/Guardian Name Child's Name

A. CHECK THE BOX(ES) FOR WHICH AN EXEMPTION IS BEING CLAIMED

☐ DTaP ☐ Polio ☐ MMR ☐ Hepatitis B ☐ Hib ☐ Varicella ☐ Hepatitis A ☐ Pneumococcal ☐ Influenza ☐ Meningococcal

In the event of a disease outbreak your child may be excluded from Child Care or School. The period of exclusion may be for a few days up to several months and may extend to two incubation periods after the last case depending upon the disease and the number of cases.

Please read the following statements and initial each statement regarding vaccine preventable diseases for which an exemption is being claimed.

Diphtheria (DTaP, Tdap, Td): I understand by not receiving the Diphtheria vaccine, my child is at risk of developing a sore throat, low-grade fever, heart complications, paralysis, respiratory complications, coma and even death.

Initial Date

Tetanus (DTaP, Tdap, Td): I understand by not receiving the Tetanus vaccine, my child is at risk of developing seizures and possible fatal neuromuscular disease.

Initial Date

Pertussis (Whooping Cough) (DTaP, Tdap): I understand by not receiving the Pertussis vaccine, my child is at risk of developing pneumonia, seizures, inflammation of the brain, neurological complications and even death.

Initial Date

Polio: I understand by not receiving the Polio vaccine, my child is at risk of developing a fever, sore throat, nausea, headaches, stomachaches, stiffness, and paralysis that can lead to permanent disability and death.

Initial Date

Measles (MMR): I understand by not receiving the Measles vaccine, my child is at risk of developing a rash, high fever, cough, runny nose, red, watery eyes, diarrhea, ear infections, pneumonia, encephalitis, seizures, and death.

Initial Date

Mumps (MMR): I understand by not receiving the Mumps vaccine, my child is at risk of developing a fever, headache, muscle aches, swelling of the lymph nodes close to the jaw, meningitis, inflammation of the testicles or ovaries, sterility, arthritis, inflammation of the pancreas and deafness (usually permanent).

Initial Date

Rubella (German Measles) (MMR): I understand by not receiving the Rubella vaccine, my child is at risk of developing a rash and fever in children and young adults, birth defects if acquired while pregnant include deafness, cataracts, heart defects, mental retardation, and liver and spleen damage.

Initial Date

Hepatitis B: I understand by not receiving the Hepatitis B vaccine, my child is at risk of developing yellow skin or eyes, tiredness, stomachaches, loss of appetite, nausea, or joint pain, life-long liver problems, such as scarring of the liver and liver cancer.

Initial Date

Haemophilus Influenza type b (Hib): I understand by not receiving the Hib vaccine, my child is at risk of developing skin and throat infections, meningitis, pneumonia, sepsis, arthritis, permanent brain damage and possible death.

Initial Date

Over ➔

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Varicella (Chickenpox): I understand by not receiving the Varicella vaccine, my child is at risk of developing a rash, fever, severe skin infections, scars, pneumonia, brain damage or death.

Initial Date

Hepatitis A: I understand by not receiving the Hepatitis A vaccine, my child is at risk of developing jaundice (yellow skin or eyes), severe stomach pains and diarrhea, hospitalization and possibly death.

Initial Date

Pneumococcal: I understand by not receiving the Pneumococcal vaccine, my child is at risk of developing severe disease including meningitis, blood infections, pneumonia, deafness and brain damage.

Initial Date

Influenza (flu): I understand by not receiving the influenza vaccine, my child is at risk of developing a fever, cough, sore throat, chills, cough, headache, muscle aches as a result of the influenza virus.

Initial Date

Meningococcal: I understand by not receiving the Meningococcal vaccine, my child is at risk of developing meningitis, blood infections, deafness, mental retardation, seizures or strokes.

Initial Date

B. TYPE OF EXEMPTION

☐ **Medical** (must have a physician's signature) ☐ **Personal** (must have a signed statement from parent/guardian) ☐ **Religious** (must have a signed statement from parent/guardian)

1. **MEDICAL STATEMENT:** I hereby certify that the physical condition of this child is such that the immunization(s) checked in Section A would endanger the life or health of the child. **(This exemption requires the signature of a physician).**

Physicians Signature

2. **PERSONAL STATEMENT:** I have investigated the risks of not vaccinating my child; nevertheless I have decided to not vaccinate my child for the following reason(s):

3. **RELIGIOUS STATEMENT:** I have investigated the risks of not vaccinating my child; nevertheless I have decided to not vaccinate my child for the following reason(s):

I know that failure to follow the recommendations about vaccination may endanger the health or life of my child and others that my child might come in contact with. I acknowledge that I have read this document in its entirety and fully understand it.

Parent or Guardian Signature _____ Date _____